

Minutes of Pickering Medical Practice PPG 16.11.23

Present – NP (Chair), CD, PC, SD, HS, DP, JF, SG, NS, RY

Apologies: AB

1. Welcome New Members

The Chair welcomed one new member of the Group to the meeting

2. Minutes of Previous Meeting:

The Minutes of the previous meeting were accepted as presented.

3. Matters Arising

a. Vacant Committee Positions

- i. A Deputy Chair was appointed
- ii. A Minute Secretary was appointed
- iii. A Deputy Minute Secretary was appointed

b. Outside Cabinet

- i. There is a shortfall of approx. £125, less the VAT which could be recovered by the Medical Practice, between the total cost and the offer from the Rotary Club.
- ii. A member proposed that the grant offer could be better spent elsewhere, and suggested an area for Dementia Forward where dementia carers could meet as a better alternative.

Action: Agenda item for the January meeting

- iii. No decision was made regarding the creation of the Outside Cabinet.

c. Defibrillators and Training

- i. It was agreed that a list is needed of the Defibrillators in Pickering – location, access and availability
Action: Chair to allocate task to a team member
- ii. The need for training in the use of Defibrillators was again discussed. Agreed to put this on hold.

Action: Brig forward to the January meeting

d. Health Promotion

- i. The Chair said that he is meeting with SD to review all the notice boards and the information that was being displayed

Action: Chair to report back at January meeting

4. Practice Update

- i. The lack of availability of leaflets etc was again discussed due to health risks of handling.
- ii. A suggestion was made to laminating master leaflets, and patients wanting a copy would need to ask at Reception
Action: SG to progress
- iii. Demonstration of the new tool being used by Reception staff was carried forward to the next meeting. The new tool guides the reception staff where to direct patients presenting with specific symptoms. Government and local medical council funded. Problems found with the tool are being recorded and fed back to the software installer on a regular basis.
Action: SG to nominate LB or NS to present at next meeting
- iv. At the next meeting in January, Dr. Robertson, the lead GP for the new Urgent Care Service, will be presenting to the PPG. Service now based at Pickering for three days per week. This is a separate Service from the main practice. New GP for this team starting next Thursday. Service will operate five days per across the PCN and is currently starting 2 days week with a GP and Nurse Practitioner, and one day per week with a Nurse Practitioner at the Pickering Hub.
Action: Chair - Agenda item for January meeting
- v. Practice space is filling up. Looking to better utilise Thornton-le-Dale surgery and also to expand available space at Pickering.
- vi. Chair asked about PINDMAS (Patient Initiative Digital Mutual Aid System), which appears on the Medical Centre Facebook page starting in October.
Action: SG to confirm what this is

5. Staff Update

- i. Dr Coppack retiring end of January – currently works eight sessions per week. Dr Boam who started in August, works six sessions. A four session GP is being recruited, with a net result of replacing Dr C's eight sessions per week with GPs covering ten sessions per week.
- ii. Additional staff – one clinical and potentially a management role to look at some of the Practice processes. A pending receptionist retirement will need recruitment, plus possibly one additional administration post. EG has started as a receptionist answering telephone calls at 8am.

6. Post Acute Care Coordinator

- i. LC, the Post-Acute Care Coordinator and part of the Personalised Care Team, introduced herself and explained the composition and roles within the team. LC's role pro-actively deals with all over-65s following their discharge from hospital. Anyone discharged from hospital under 65 and in need of a review of their care needs has to first contact the Medical Practice, who will refer them to the Personal Care Team. The role concentrates on the quality of the care package in place by checking with every discharged patient, irrespective of whether they have been "coded" by the hospital or not. Uses the Rockwell scale to determine the level of need. The role also works with all Care Home patients irrespective of age, and reviews the care plan that has been put in place within seven days of discharge. A GP will visit following LC's post-discharge review. Patients who have been seen by the Urgent Care Team can also be contacted by LC should the UCT deem it necessary.
- ii. The Chair suggested that stronger links be created between the Medical Practice with other groups within the town e.g Library, to promote Health and well-being, and the expanding range of services that are now available.

7. Patient Concerns:

- i. The Chair raised a question from a potential PPG member with disabilities, in that, apart from the main entrance, the doors are not access friendly. SG confirmed that this was part of a wider Estate review.
- ii. The potential member will be given the opportunity to join PPG meetings by Teams.

8. Any Other Business:

- i. SG said there is a current project about unkindness to NHS staff which is asking for PPGs' opinions about how the NHS better promote itself. Frustration following the pandemic over, for example, an inability to get appointments, has influenced public perceptions. SG asked the group to think about ways this could be overcome. A team member suggested publishing key data on the level of activity in the Medical Practice would be useful.
Action: Agenda item for the January meeting
- ii. SG suggested that a presentation by a Trainee GP on what they do would be useful, as well as the session with the GP lead from the Urgent Care Team. **Action: SG**

9. 2024 Meetings:

The Chair suggested that dates be agreed for the full year 2024. Dates agreed are:

11th January, 14th March, 16th May, 18th July, 19th September, 21st November

Minute Secretary
1st December 2023